



**STATE OF FLORIDA OFFICE OF FINANCIAL REGULATION**

*Division of Consumer Finance*

**QUALIFIED PAYMENT STABLECOIN ISSUER  
CERTIFICATION OF COMPLIANCE FORM**

**Certification of Compliance**

I \_\_\_\_\_ am a "Control Person," within the meaning of s. 560.103(10), Florida Statutes, of \_\_\_\_\_ {Name of Licensee}, \_\_\_\_\_ {License Number}, and hereby make this certification on behalf of said entity. I hereby certify and attest, pursuant to s. 560.123(9), Florida Statutes, that \_\_\_\_\_ {Name of Licensee} has implemented anti-money laundering and economic sanctions compliance programs that are reasonably designed to prevent the qualified payment stablecoin issuer from facilitating money laundering, in particular, facilitating money laundering for cartels and organizations designated as foreign terrorist organizations under s. 219 of the Immigration and Nationality Act, 8 U.S.C. s. 1189, and the financing of terrorist activities, consistent with the requirements of the act.

**Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

\_\_\_\_\_  
Signature of Control Person Officer

\_\_\_\_\_  
Printed Name of Control Person

\_\_\_\_\_  
Date